



PRIVETTE LEGACY PLANNING

Planning for life. Preserving the family story.

Estate Planning Worksheet

*Please provide as much of the following information as possible. The information you provide will help the attorney spot specific estate planning issues that need to be discussed as part of the initial consultation and will assist the attorney in designing an estate plan that meets your needs. **The information you provide is confidential.***

PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE AT LEAST 48 HOURS PRIOR TO YOUR APPOINTMENT VIA POSTAL MAIL OR E-MAIL.

c) Full Legal Name _____
Date of Birth _____ Phone Number (if different from yours) _____
Address (if different from yours) _____

d) Full Legal Name _____
Date of Birth _____ Phone Number (if different from yours) _____
Address (if different from yours) _____

2. Children Not Common to the Marriage

a) Full Legal Name _____ Whose Child (H or W)? _____
Date of Birth _____ Phone Number (if different from yours) _____
Address (if different from yours) _____

b) Full Legal Name _____ Whose Child (H or W)? _____
Date of Birth _____ Phone Number (if different from yours) _____
Address (if different from yours) _____

c) Full Legal Name _____ Whose Child (H or W)? _____
Date of Birth _____ Phone Number (if different from yours) _____
Address (if different from yours) _____

3. Other Persons You Want Included in the Estate Plan (Grandchild, Niece/Nephew, Sibling, Parent, Friend, etc.)

a) Full Legal Name _____
Relationship to You _____ Date of Birth _____

b) Full Legal Name _____
Relationship to You _____ Date of Birth _____

c) Full Legal Name _____
Relationship to You _____ Date of Birth _____

4. If there are special matters to be addressed for you or any person named in this section (health issues, drug or alcohol dependency, money-management concerns), identify the person and briefly describe the situation. _____

D. INFORMATION REGARDING EXISTING ESTATE PLAN (IF ANY)

If you answer YES to Questions 1-5 below, please bring a copy of these documents to your consultation.

- 1. Do you have a current will? Yes _____ No _____
- 2. Do you have a current trust? Yes _____ No _____
- 3. Do you have a General or Durable Power of Attorney? Yes _____ No _____
If you answered YES, has it been recorded anywhere? Yes _____ No _____
- 4. Do you have a Health Care Power of Attorney? Yes _____ No _____

5. Do you have a Living Will (Advance Health Care Directive)? Yes _____ No _____
6. If YES to any of Questions 1-5, when were the documents done and in what state? _____
7. Do you hold a safe deposit box? Yes _____ No _____
- If so, at what location of what bank? _____

E. ESTATE PLANNING INFORMATION *(Attach a separate sheet of paper if more space is needed)*

1. Depending upon the design of your estate plan, you may be asked to name a Personal Representative (aka Executor), Trustee, Guardian of your kids, Agent under the Durable Power of Attorney, and Health Care Agent for the Health Care Power of Attorney. While you do not need to name those persons now, the space below has been provided for your use as you consider who might be an appropriate choice for each role (as well as alternates should your first choice be unable or unwilling to perform the responsibilities associated with each position). You should also consider whether there are any circumstances when you would not want a particular person to act on your behalf (e.g., separation, divorce, moving across country, etc.).

2. Do you own unique assets, such as antiques or works of art, which may require special consideration or valuation? *(If yes, please attach a list and description of the items. If you have recent appraisals for any of the items listed, please bring them with you to your consultation.)* _____

3. Do you or your spouse own real estate other than your primary residence? _____ If yes, please describe the property (e.g., beach house, cabin, lot, timeshare, etc.) and provide its location (county and state):

4. Do you have any pets or animals in your care? _____

 If YES, are you concerned about your pets' continued care after your death? Yes _____ No _____

5. Do you own any type of firearm or accessory (ex: suppressor)? _____

(if yes, you may be asked to provide a complete list with serial numbers at a later date)

6. Are you currently receiving distributions from a family trust? Yes _____ No _____

7. Do you anticipate receiving a sizeable inheritance within the next 5 years? Yes _____ No _____

8. Do you serve as Custodian or Trustee of the assets of others? Yes _____ No _____

9. At my death, I want to make the following specific gifts (e.g., jewelry, furniture, art, cash, heirlooms, etc.):

Item Description	Name of Recipient
_____	_____
_____	_____
_____	_____
_____	_____

10. At my death, I want to make the following gifts to charity:

Name of Charity	Amount of Bequest
_____	_____
_____	_____
_____	_____

11. Aside from the specific gifts and charitable gifts identified above, what do you want to do with the rest of your tangible personal property (aka your “stuff”)? Here are common scenarios (or come up with your own):

___ I give all my tangible personal property to my spouse, and if my spouse predeceases me, to my surviving children.

___ I give all my tangible personal property to my surviving children.

___ I direct that my tangible personal property be sold and add the proceeds added to my estate.

Other: _____

12. In the event of a family catastrophe (i.e., no spouse, kids, grandkids, or other descendants survive you), where would you like your assets to go (common options include extended family members or charity)?

13. Professional Contact Information

a) Financial Advisor’s Name _____
 Company Name _____
 Phone Number or Email Address _____

b) Accountant’s Name _____
 Company Name _____
 Phone Number or Email Address _____

c) Life Insurance Agent’s Name _____
 Company Name _____
 Phone Number or Email Address _____

Estate planning is an important and highly personal matter. To be successful, estate planning requires that you disclose information to the firm about your finances that you may consider to be private. PRIVETTE LEGACY PLANNING urges you to make a complete disclosure of your financial matters as a failure to do so would make it impossible for the firm to give you proper advice. PRIVETTE LEGACY PLANNING cannot be held responsible for undesired consequences caused by your failure to disclose pertinent information, and the firm reserves the right to cancel your consultation should you choose not to complete the following Asset Chart. **All information you provide is confidential and will not be shared with anyone outside of the law firm.**

ASSET CHART

Please note the Fair Market Value of each asset identified below. If you have multiple assets for a category, please break them down individually (for example, if you have two joint checking accounts, list the two accounts separately under the "joint" column rather than combining the balance of the two accounts into one sum).

NOTE: Although the value listed does not have to be to the penny, it should at least be in the ballpark. The attorney will use the information provided below to determine topics to be discussed as part of your consultation.

<u>DESCRIPTION OF ASSET</u>	<u>IN WHOSE NAME IS THE ASSET CURRENTLY TITLED/HELD?</u>		
	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
1. Checking Accounts (list each account)	\$	\$	\$
2. Savings Accounts (list each separately)	\$	\$	\$
3. Money Market Accounts (list separately)	\$	\$	\$
4. Certificates of Deposit (list each CD)	\$	\$	\$
5. Treasury Bills / Notes / U.S. Savings Bonds	\$	\$	\$
6. Individual Stock Certificates and Bonds (list company and value)	\$	\$	\$
7. Brokerage Accounts			
a. Account Balance	\$	\$	\$
b. <Margin Account Balance, if any>	< >	< >	< >
c. Beneficiary or TOD designation			
8. IRA, 401 (k), Annuities			
a. Account Balance	\$	\$	\$
b. <Loan Amounts, if any>	< >	< >	< >
c. Beneficiary or TOD designation			

<u>DESCRIPTION OF ASSET</u>	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
9. Annuities (those not held as part of an IRA or other qualified retirement plan)	\$	\$	\$
10. Pension Plans	\$	\$	\$
11. Life Insurance Policies			
a. Policy Death Benefit	\$	\$	\$
b. Cash Surrender Value	\$	\$	\$
c. Type of Policy (Term, Whole, etc.)			
d. <Loan Balance, if any>			
e. Beneficiary Designation	< >	< >	< >
12. Health Savings Accounts	\$	\$	\$
a. Beneficiary Designation			
13. Long-Term Care Insurance (<i>list only if there is a death benefit payout</i>)	\$	\$	\$
14. 529 Accounts for children/grandchildren (<i>list under the column of the person who serves as custodian of the account</i>)	\$	\$	\$
15. Real Estate – Personal Residence			
a. Value	\$	\$	\$
b. <Mortgage Balance, if any>	< >	< >	< >
c. <Home Equity Loan Balance, if any>	< >	< >	< >
16. Other Real Estate			
a. Value	\$	\$	\$
b. <Mortgage Balance>	< >	< >	< >
c. <Home Equity Loan Balance, if any>	< >	< >	< >
d. Is this used as rental property? Y or N			
17. Tangible Personal Property (furniture, electronics, personal belongings)	\$	\$	\$
18. Household Items of Special Value (art, antiques, jewelry, collectibles, etc.) – APPRAISED VALUE	\$	\$	\$
19. Motor Vehicles (e.g., Cars, Boats, etc.)	\$	\$	\$
a. Value			
b. <Loan Balance, if any>	< >	< >	< >

<u>DESCRIPTION OF ASSET</u>	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
20. Business Interests (including family biz or other closely-held biz not publicly traded) a. LLC, C-Corp, Partnership, Other? b. Your ownership percentage c. If you do not own 100%, who are other shareholders/members? <hr/> d. Value of your ownership percentage e. <Notes Payable>	 _____% \$ < >	 _____% \$ < >	 _____% \$ < >
21. Digital Assets (virtual currency, Bitcoin, vlogs, other digital material)			
22. Other Assets – <i>please specify</i> (examples: interest in family trust, promissory notes or other outstanding debts payable to you, judgments awarded to you that have not yet been paid, timeshares not listed previously, transferrable airline miles, credit card points w/cash value, etc.)			
TOTAL OF EACH COLUMN			
GRAND TOTAL OF ASSETS			

INITIAL CONSULTATION AGREEMENT

By signing below, we agree to pay \$300.00 for our two-hour consultation. We understand that payment is required at the end of the consultation and that the fee is owed whether or not we retain PRIVETTE LEGACY PLANNING to handle our estate planning needs. If we do retain PRIVETTE LEGACY PLANNING, however, we understand the consultation fee will be applied toward the total cost of our estate plan if we retain the law firm’s services within 14 days of our consultation.

By signing below, we affirm that we have completed this Worksheet accurately and faithfully and have provided as much information and materials as is known to us. We acknowledge that it is our responsibility to return the completed Worksheet to PRIVETTE LEGACY PLANNING **at least 48 hours prior to our consultation.** If we are unable to return this document within the required timeframe, then we understand our appointment will be rescheduled.

By signing below, we also affirm our understanding that no attorney-client relationship is created by the consultation. We have not yet hired PRIVETTE LEGACY PLANNING, and PRIVETTE LEGACY PLANNING has not yet agreed to handle our matter. We understand any attorney-client relationship that arises will be formalized in an Engagement Agreement.

Client Signature

Date

Client Signature

Date